

Professional Staff By-Law

of Thunder Bay Regional Health Sciences Centre

Version June 2022



Exceptional **care** for
every patient, every time.

PROFESSIONAL STAFF BY-LAW
OF
THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE

Revised

May 2022

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**PROFESSIONAL STAFF BY-LAW OF
THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE**

Be it enacted as the Professional Staff By-law of the Corporation as follows:

**ARTICLE 1
DEFINITIONS AND INTERPRETATION**

1.1 Definitions

In this By-law:

- (a) **“Board”** means the board of directors of the Corporation;
- (b) **“By-law”** means this Professional Staff By-law;
- (c) **“business day”** means a day other than a Saturday, Sunday, or a statutory holiday in Ontario;
- (d) **“Chief Executive Officer”** means the president and chief executive officer of the Corporation, who is the ‘administrator’ for the purposes of the *Public Hospitals Act*, and the ‘officer in charge’ for the purposes of the *Mental Health Act*;
- (e) **“Chief Nursing Executive”** means the senior nurse employed by the Corporation, who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (f) **“Chief of Department”** means the Professional Staff member appointed by the Board to serve as such in accordance with this By-law;
- (g) **“Chief of Staff”** means the Medical Staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act* and this By-law;
- (h) **“College”** means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario;
- (i) **“Corporation”** means Thunder Bay Regional Health Sciences Centre;
- (j) **“Credentials Committee”** means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee and tasked with reviewing applications for appointment and reappointment to the Professional Staff, and applications for a change in privileges, and making recommendations to the Medical Advisory Committee on these matters, and if no such subcommittee is established it means the Medical Advisory Committee;
- (k) **“day”**, unless otherwise specified as a business day, means a calendar day;

- (l) **“Dental Staff”** means:
 - (i) oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating Patients in the Hospital; and
 - (ii) Dentists to whom the Board has granted the privilege of attending to Patients in the Hospital.
- (m) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (n) **“Department”** means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (o) **“Deputy Chief of Staff”** means the person appointed by the Board who supports the Chief of Staff, and who acts on behalf of the Chief of Staff in their absence, if any;
- (p) **“Director”** means a member of the Board.
- (q) **“Excellent Care for All Act”** means the *Excellent Care for All Act, 2010* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;
- (r) **“Executive Vice President, Medical and Academic Affairs”** means the senior employee responsible to the Chief Executive Officer for medical leadership in corporate visioning, planning, program development, human organizational development, and for the academic mission of the Corporation.
- (s) **“ex-officio”** means membership “by virtue of the office” and includes all rights, responsibilities, and powers to vote, unless otherwise specified;
- (t) **“Extended Class Nursing Staff”** means those Registered Nurses in the Extended Class who are:
 - (i) employed by the Corporation and authorized to diagnose, prescribe for, or treat Patients in the Hospital; and
 - (ii) not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat Patients in the Hospital;
- (u) **“Hospital”** means the public hospital operated by the Corporation;
- (v) **“Impact Analysis”** means a study conducted by the Chief Executive Officer, in consultation with the Chief of Staff, Chief Nursing Executive, and the affected Chief(s) of Department to determine the impact upon the resources of the Hospital of the proposed or continued appointment of any applicant to the Professional Staff [or an application by a Professional Staff member for additional privileges or a change in membership category];

- (w) **“Medical Advisory Committee”** means the committee established under Article 10;
- (x) **“Medical Program Director”** means a member of the Medical Staff appointed by the Executive Vice President, Medical and Academic Affairs to be in charge of one organized Program or Service who reports to the Executive Vice President, Medical and Academic Affairs and the Chief of Staff on issues of quality and standards of care;
- (y) **“Medical Staff”** means those Physicians appointed by the Board and granted privileges to practice medicine in the Hospital;
- (z) **“Midwife”** means a midwife in good standing with the College of Midwives of Ontario;
- (aa) **“Midwifery Staff”** means those Midwives appointed by the Board and granted privileges to practice midwifery in the Hospital;
- (bb) **“Northwest Regional Appointment and Credentialing Policy and Procedure”** means the policy endorsed and agreed upon by the participating organizations in Ontario Health North (Region), which outlines the standardized requirements and processes to be adhered to by each organization when considering an application for appointment, reappointment, or a change in privileges;
- (cc) **“Patient”** means any in-patient or outpatient of the Corporation;
- (dd) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (ee) **“Policies”** means the administrative, human resources, clinical and professional policies adopted by the Board, the Medical Advisory Committee, or the Chief of Department under Article 2;
- (ff) **“Professional Staff”** means those Physicians, Dentists, Midwives, and Registered Nurses in the Extended Class, who are appointed by the Board and granted privileges to practice their profession in the Hospital;
- (gg) **“Professional Staff Human Resources Plan”** means the plan developed by the Chief Executive Officer, in consultation with the Chief of Staff/Chair of the MAC, Chief Nursing Executive, and Chiefs of Department based on the mission and strategic plan of the hospital and on the needs of the community, which provides information and future projections of this information with respect to the management and appointment of Physicians, Dentists, Midwives, and Registered Nurses in the Extended Class who are or may become members of the Professional Staff.
- (hh) **“Program and Service”** means an organized unit of a Department, which is based on a sub-specialty area of clinical practice;
- (ii) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;

- (jj) **“Registered Nurse in the Extended Class”** means a member in good standing with the College of Nurses of Ontario, who is a registered nurse and holds an extended certificate of registration under the *Nursing Act, 1991*; and
- (kk) **“Rules”** means the rules adopted by the Board under Article 2.

1.2 Interpretation

In this By-law, unless the context otherwise requires, words importing the singular number include the plural number and *vice versa*; and “including” or “include(s)” means “including (or include(s)) without limitation”. Where this By-law provides for a matter to be determined, prescribed, or requested by the Board, Medical Advisory Committee, Chief of Staff, or Chief of Department, in all instances, the determination, prescription, or request may be made from time to time.

1.3 Delegation of Duties

Each of the Chief Executive Officer, Chief of Staff, or Chief of a Department may delegate the performance of any of the duties assigned to them under this By-law to others; however, they shall each remain responsible for the performance of their respective duties.

1.4 Consultation with Professional Staff

Where the Board or Medical Advisory Committee is required to consult with the Professional Staff under this By-law, it shall be sufficient for the Board or Medical Advisory Committee to receive and consider the input of the Professional Staff officers named in section 12.1(b).

ARTICLE 2 RULES AND POLICIES

2.1 Rules and Policies

- (1) The Board, after consulting with the Professional Staff and considering the recommendation of the Medical Advisory Committee, may make Rules as it deems necessary, including Rules for Patient care and safety and the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff.
- (2) The Board, after consulting with the Professional Staff and considering the recommendation of the Medical Advisory Committee, may adopt Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with, and that support the implementation of, the Rules.
- (3) The Medical Advisory Committee, after consulting with the Professional Staff, may make Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with this By-law, the Rules, and the Board-approved Policies.

- (4) The Chief of Department, after consulting with the Professional Staff of the Department, may adopt policies and procedures applicable to the Professional Staff of the Department, including policies and procedures that are consistent with, and support the implementation of, the Rules and Policies.

ARTICLE 3

APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF

3.1 Appointment and Revocation

- (1) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff, and may appoint a Dental Staff, Midwifery Staff, and the non-employed members of the Extended Class Nursing Staff, and shall grant such privileges as it deems appropriate to each Professional Staff member so appointed.
- (2) All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law, the Northwest Regional Appointment and Credentialing Policy and Procedure, and the *Public Hospitals Act*.
- (3) The Board may, at any time, make or revoke any appointment to the Professional Staff, refuse to reappoint a Professional Staff member, or restrict or suspend the privileges of any Professional Staff member, in accordance with the provisions of this By-law and the *Public Hospitals Act*.

3.2 Term of Appointment

- (1) Subject to section 3.2(2), each appointment to the Professional Staff shall be for a term of up to one year.
- (2) Where a Professional Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (a) unless section 3.2(2)(b) applies, until the Board grants or does not grant the reappointment; or
 - (b) in the case of a Medical Staff member and where the Board does not grant the reappointment and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

3.3 Qualifications and Criteria for Appointment

- (1) Only an applicant who meets the qualifications and satisfies the criteria set out in this By-law and in the Northwest Regional Appointment and Credentialing Policy and Procedure is eligible to be a member of and appointed to the Professional Staff.
- (2) All new appointments shall be contingent upon an Impact Analysis demonstrating that the Corporation has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department, Program, or Service as described in the Professional Staff Human Resources Plan.
- (3) In addition to any other provisions of the By-law, including the qualifications set out in sections 3.3(2), the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:
 - (a) if applicable, the applicant is not eligible for or was not granted an academic appointment;
 - (b) the appointment is not consistent with the need for service, as determined by the Board;
 - (c) the Professional Staff Human Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or

3.4 Application and Procedure for Appointment

- (1) An application for appointment to the Professional Staff shall be processed in accordance with the Northwest Regional Appointment and Credentialing Policy and Procedure.
- (2) The Board shall approve the prescribed form of application for appointment, re-appointment, and change in privileges after receiving the recommendation of the Medical Advisory Committee.
- (3) An applicant may be required to visit the Corporation for an interview with appropriate Professional Staff members and the Chief Executive Officer.

3.5 Temporary Appointment Process

- (1) Notwithstanding any other provision of this By-law, the Chief Executive Officer, after consulting with the Chief of Staff, may:
 - (a) grant a temporary appointment and temporary privileges to a Physician, Dentist, Midwife, or Registered Nurse in the Extended Class, provided that the appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported;

- (b) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting; and
 - (c) revoke a temporary appointment and temporary privileges at any time prior to any action by the Board.
- (2) A temporary appointment may be made for any reason, including:
 - (a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (b) to meet an urgent unexpected need for a medical, dental, midwifery, or extended class nursing service.
- (3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted under section 3.5(1) for such period of time and on such terms as the Board determines.
- (4) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (5) The temporary appointment shall specify the category of appointment and any limitations, restrictions, or special requirements.
- (6) An individual with a temporary appointment shall not be eligible to vote at Professional Staff meetings, hold a Professional Staff office, or sit on a committee requiring Professional Staff.

3.6 Reappointment

- (1) Each year, each Professional Staff member desiring reappointment to the Professional Staff shall make a written application for reappointment on the prescribed form through the Chief Executive Officer to the Board before the date specified by the Medical Advisory Committee.
- (2) An application for reappointment to the Professional Staff shall be processed in accordance with the Northwest Regional Appointment and Credentialing Policy and Procedure.
- (3) In addition to the matters described in the Northwest Regional Appointment and Credentialing Policy and Procedure, each application for reappointment to the Professional Staff shall contain the following information:
 - (a) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules;

- (b) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
 - (c) if requested, a current Certificate of Professional Conduct or equivalent from the relevant College;
 - (d) confirmation that the member has complied with the disclosure duties set out in section 6.7(d); and
 - (e) such other information that the Board may require respecting competence, capacity, and conduct, after considering the recommendation of the Medical Advisory Committee.
- (4) The relevant Chief(s) of Department shall review and make recommendations concerning each application for reappointment within that Department to the Credentials Committee, then Medical Advisory Committee in accordance with a Board-approved performance evaluation process.
 - (5) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
 - (6) Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 3.5 of this By-law.

3.7 Qualifications and Criteria for Reappointment

- (1) To be eligible for reappointment, the applicant shall:
 - (a) continue to meet the qualifications and criteria set out in section 3.3;
 - (b) have conducted themselves in compliance with this By-law, and the Corporation's values, Rules, and Policies; and
 - (c) have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and the Rules and Policies.

3.8 Application for Change of Privileges

- (1) Any change of privileges requested by a member of the Professional Staff shall be processed in accordance with the Northwest Regional Appointment and Credentialing Policy and Procedure.

3.9 Leave of Absence

- (1) Upon request of a Professional Staff member to the relevant Chief of Department, the Chief of Staff may grant a leave of absence of up to 12 months, after receiving the recommendation of the Medical Advisory Committee:

- (i) in the event of extended illness or disability of the member, or
 - (ii) in other circumstances acceptable to the Board, upon recommendation of the Chief of Staff.
- (2) After returning from a leave of absence granted in accordance with section 3.10(1), the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff. The Chief of Staff may impose such conditions on the privileges granted to the member as appropriate.
- (3) Following a leave of absence of longer than 12 months, a Professional Staff member shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

3.10 Resignation

- (1) A Professional Staff member wishing to resign or retire from active practice shall, no less than 90 days before the effective date of resignation or retirement, submit a written notice to the Chief Executive Officer, who shall notify the Chief of Staff, Chief of the relevant Department(s), and the chair of the Credentials Committee. The Board and Medical Advisory Committee shall subsequently be notified.

ARTICLE 4 MONITORING, SUSPENSION, AND REVOCATION

4.1 Monitoring Practices and Transfer of Care

- (1) The Chief of Staff or relevant Chief of Department may review any aspect of Patient care or Professional Staff conduct in the Corporation without the consent of the Professional Staff member responsible for the care or conduct. Where the care or conduct involves an Extended Class Nursing Staff member, the Chief Nursing Executive may also review the care or conduct.
- (2) Where any Professional Staff member or Corporation staff reasonably believes that a Professional Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation, to harm or injury, the individual shall immediately communicate that belief to the Chief of Staff, relevant Chief of Department, or Chief Executive Officer, so that appropriate action can be taken. Where the communication relates to an Extended Class Nursing Staff member, it may also be communicated to the Chief Nursing Executive.
- (3) The Chief of a Department, on notice to the Chief of Staff, where they believe it to be in the Patient's best interests, shall have the authority to examine the condition and scrutinize the treatment of any Patient in their Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the Patient's care and, if necessary, to the

Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.

- (4) If the Chief of Staff or Chief of Department becomes aware that, in their opinion a serious problem exists in the diagnosis, care, or treatment of a Patient, the officer shall immediately discuss the condition, diagnosis, care, and treatment of the Patient with the attending Professional Staff member. If changes in the diagnosis, care, or treatment satisfactory to the Chief of Staff or Chief of Department are not made, they shall immediately assume the duty of investigating, diagnosing, prescribing for, and treating the Patient.
- (5) Where the Chief of Staff or Chief of Department has cause to take over the care of a Patient, the Chief Executive Officer, Chief of Staff, or Chief of Department, and one other Medical Advisory Committee member, the attending Professional Staff member, and the Patient or the Patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff or Chief of Department shall file a written report with the Medical Advisory Committee within 48 hours of their action.
- (6) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Chief of Department who has taken action under section 4.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

4.2 Revocation of Appointment or Restriction or Suspension of Privileges

- (1) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke any appointment of a Professional Staff member, or restrict or suspend the privileges of a Professional Staff member.
- (2) Any administrative or leadership appointment of the Professional Staff member shall automatically terminate upon the revocation of appointment, or restriction or suspension of privileges, unless otherwise determined by the Board.
- (3) The Chief Executive Officer shall prepare and forward a detailed written report to the relevant College as soon as possible and no later than 30 days after the event, where by reason of incompetence, negligence, or misconduct, a Professional Staff member's:
 - (a) application for appointment or reappointment is denied;
 - (b) appointment is revoked; or
 - (c) privileges are restricted or suspended; or
 - (d) a Professional Staff member resigns from the Professional Staff during the course of an investigation into their competence, negligence, or misconduct.

4.3 Immediate Action

- (1) The Chief Executive Officer, Chief of Staff, or Chief of Department may temporarily restrict or suspend the privileges of any Professional Staff member, in circumstances where in their opinion the member's conduct, performance, or competence:
 - (a) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury; or
 - (b) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation,and immediate action must be taken to protect Patients, healthcare providers, employees, and any other individuals at the Corporation from harm or injury.
- (2) Before the Chief Executive Officer, Chief of Staff, or Chief of Department takes action authorized in section 4.3(1), they shall first consult with one of the other of them. If prior consultation is not possible or practicable under the circumstances, the individual who takes the action shall immediately provide notice to the others and to the Executive Vice President, Medical and Academic Affairs. The individual who takes the action shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee.

4.4 Non-Immediate Action

- (1) The Chief Executive Officer, Chief of Staff, or Chief of Department may recommend to the Medical Advisory Committee that the appointment of any Professional Staff member be revoked or that their privileges be restricted or suspended in any circumstances where in their opinion the Professional Staff member's conduct, performance, or competence:
 - (a) fails to meet or comply with the criteria for annual reappointment;
 - (b) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury;
 - (c) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation or impact negatively on the operations of the Corporation; or
 - (d) fails to comply with the Corporation's by-laws, Rules, or Policies, the *Public Hospitals Act*, or any other relevant law.
- (2) Before making a recommendation under section 4.4(1), an investigation may be conducted. Where an investigation is conducted, it may be assigned to an individual or committee within the Corporation other than the Medical Advisory Committee or an external consultant.

4.5 Referral to Medical Advisory Committee for Recommendations

- (1) Following the temporary restriction or suspension of privileges under section 4.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Professional Staff member under section 4.4, the following process shall be followed:
 - (a) the Chief of Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made, as the case may be, with all relevant materials and information;
 - (b) a date for consideration of the matter shall be set not more than ten business days from the time the written report is received by the Medical Advisory Committee;
 - (c) as soon as possible and in any event at least three business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
 - (i) the time, date, and place of the meeting;
 - (ii) the purpose of the meeting; and
 - (iii) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
- (2) The date for the Medical Advisory Committee to consider the matter under section 4.5(1)(b) may be extended by:
 - (a) an additional five business days in the case of a referral under section 4.3; or
 - (b) any number of days in the case of a referral under section 4.4,if the Medical Advisory Committee considers it necessary to do so.
- (3) The Medical Advisory Committee may:
 - (a) set aside the restriction or suspension of privileges; or
 - (b) recommend to the Board a revocation of the appointment, or a restriction or suspension of privileges, on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a subcommittee of the Medical Advisory Committee.

- (4) If the Medical Advisory Committee recommends the continuation of the restriction or suspension of privileges or a revocation of appointment and/or makes further recommendations on the matters considered at its meeting, the Medical Advisory Committee shall, within 24 hours of the Medical Advisory Committee meeting, provide the member with written notice of the Medical Advisory Committee's recommendation.
- (5) The written notice shall inform the member that they are entitled to:
 - (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the member's receipt of the notice of the recommendation; and
 - (b) a Board hearing if a written request is received by the Board and the Medical Advisory Committee within seven days of the member's receipt of the written reasons requested.
- (6) If the member requests written reasons for the recommendation under section 4.5(5), the Medical Advisory Committee shall provide the written reasons to the member as soon as practicable but in any event within seven days of receipt of the request.

ARTICLE 5 BOARD HEARING

5.1 Board Hearing

- (1) A Board hearing shall be held when one of the following occurs:
 - (a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment, or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - (b) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Professional Staff member be restricted or suspended, or an appointment be revoked, and the member requests a hearing.
- (2) The Board shall name a time, date, and place for the hearing.
- (3) The Board hearing shall be held:
 - (a) in the case of immediate restriction or suspension of privileges, within seven days of the date the member requests the hearing under section 5.1(1);

- (b) in the case of non-immediate restriction or suspension of privileges, subject to section 5.1(4), as soon as practicable but not later than 30 days after the Board receives the written notice from the member requesting the hearing.
- (4) The Board may extend the time for the hearing date if it considers an extension appropriate.
- (5) The Board shall give written notice of the hearing to the applicant or member and to the Medical Advisory Committee, through the Chief of Staff, at least seven days before the hearing date.
- (6) The notice of the Board hearing shall include:
 - (a) the time, date, and place of the hearing;
 - (b) the purpose of the hearing;
 - (c) a statement that the applicant or member and Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - (d) a statement that the applicant or member may proceed in person or be represented by counsel or agent, call witnesses, and tender documents in evidence in support of their case;
 - (e) a statement that the Board may extend the time for the hearing on the application of any party; and
 - (f) a statement that if the applicant or member does not attend the hearing, the Board may proceed in the absence of the applicant or member, and the applicant or member shall not be entitled to any further notice in the hearing.
- (7) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee, and such other persons as the Board may specify.
- (8) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence. In particular, as soon as possible, and at least five business days prior to the hearing, the parties will provide one another with copies of all written documentary material, along with the names, addresses, and qualifications of all witnesses who will testify at the hearing and a detailed summary of the evidence they will give, along with reports that have been collected by the Credentials Committee or Medical Advisory Committee as part of the investigation process whether or not these materials will be used in evidence. The intent is that there should be full disclosure as between the parties to the Board hearing.

- (9) Members of the Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- (10) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
- (11) No member of the Board shall participate in a Board decision pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no Board decision shall be given unless all members so present participate in the decision.
- (12) The Board shall make a decision to follow, amend, or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the considerations set out in sections 3.3, 3.8, and 3.9 respectively.
- (13) A written copy of the Board decision shall be provided to the applicant or member and to the Medical Advisory Committee within 15 days of the conclusion of the Board hearing. An applicant or member may request, in writing, written reasons for the decision.
- (14) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness, or other causes beyond their control, receive it until a later date.

ARTICLE 6

PROFESSIONAL STAFF CATEGORIES AND DUTIES

6.1 Professional Staff Categories

- (1) The Professional Staff shall be divided into the following categories:
 - (a) Active Staff;
 - (b) Associate Staff;
 - (c) Supportive Staff;

- (d) Resident;
- (e) Clinical Fellow Staff;
- (f) Clinician Scientist Staff;
- (g) Term Staff;
- (h) Senior Staff;
- (i) Regional Staff; and
- (j) such other categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

6.2 Active Staff

- (1) The Active Staff shall consist of those members whom the Board appoints to the Active Staff and who have completed satisfactory service as Associate Staff for at least one year, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (2) Each Active Staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) attend and act as most responsible practitioner for Patients admitted to the Hospital by the member, and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (c) undertake such duties in respect of those Patients classed as emergency cases as may be specified by the Chief of Staff, or by the Chief of Department to which they have been assigned;
 - (d) be responsible to the Chief of Department to which they have been assigned for all aspects of Patient care, and be subject to the relevant Department Rules;
 - (e) act as a supervisor of other Medical Staff, Dental Staff, Midwifery Staff, or Extended Class Nursing Staff when requested by the Chief of Staff or the Chief of the Department to which they have been assigned;
 - (f) fulfil such on-call requirements as may be established for the relevant Department in accordance with the Professional Staff Human Resource Plan and the Rules and Policies;

- (g) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department;
- (h) attend no less than 50% of the regularly scheduled meetings of the Professional Staff and 70% of the meetings of the Department to which they have been assigned, annually; and
- (i) be subject to a peer review process as directed by the Chief of Staff, the Medical Advisory Committee, and/or the Chief of Department.

6.3 Associate Staff

- (1) Applicants who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff.
- (2) Each Associate Staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) work under the supervision of an Active Staff member named by the Chief of Staff or Chief of the Department to which they have been assigned;
 - (c) attend Patients, and undertake treatment and operative procedures, under supervision, only in accordance with the kind and degree of privileges granted by the Board;
 - (d) undertake such duties in respect of those Patients classed as emergency cases as may be specified by the Chief of Staff, or by the Chief of Department to which they have been assigned;
 - (e) be responsible to the Chief of Department to which they have been assigned for all aspects of Patient care, and be subject to the relevant Department Rules;
 - (f) fulfil such on call requirements as may be established for each Department in accordance with the Professional Staff Human Resources Plan and the Rules and Policies;
 - (g) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department; and
 - (h) attend no less than 50% of the regularly scheduled meetings of the Professional Staff and 70% of the meetings of the Department to which they have been assigned, annually.

- (3) (a) At six-month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chief of Staff on:
- (i) the knowledge and skill that has been shown by the Associate Staff member;
 - (ii) the nature and quality of their work in the Corporation; and
 - (iii) their performance and compliance with the criteria set out in section 3.3(2).
- (b) The Chief of Staff shall forward such report to the Credentials Committee.
- (c) Upon receipt of the report, the Credentials Committee shall review the appointment of the Associate Staff member and make a recommendation to the Medical Advisory Committee.
- (d) If any report is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that their appointment be terminated.
- (e) No Associate Staff member shall be recommended for appointment to the Active Staff unless they have been an Associate Staff member for at least one year.
- (f) In no event shall an appointment to the Associate Staff be continued for more than two years.

6.4 Supportive Staff

- (1) The Supportive Staff shall consist of those members whom the Board appoints to the Supportive Staff to provide support to Patients and/or members of Patients' families and may not necessarily be required to hold a full-time or such other teaching appointment with the Northern Ontario School of Medicine [University].
- (2) Supportive Staff members:
- (a) have such limited privileges as may be granted by the Board on an individual basis;
 - (b) may review Patient records and provide Patients and their families with information;
 - (c) may utilize ambulatory and diagnostic services, if available, to support and advise on same, if granted these privileges by the Board;
 - (d) may provide surgical assist services;

- (e) may provide direct Patient care for a visiting clinic or other speciality services that are not offered at the Hospital;
 - (f) be responsible to the Chief of Department to which they have been assigned for all aspects of Patient care; and
 - (g) may attend Department, Service, and Professional Staff meetings.
- (3) Supportive Staff shall not:
- (i) have admitting privileges;
 - (ii) input information into the Patient record nor make any orders;
 - (iii) be eligible to hold an elected or appointed office or serve on Medical Advisory Committee subcommittees; and
 - (iv) be eligible to vote or be bound by attendance requirements of Department, Program, or Service meetings.

6.5 Resident Staff

- (1) Resident Staff privileges are granted to graduates in medicine who are registered in accredited university postgraduate programs, and as defined in the Thunder Bay Regional Health Sciences Centre – Northern Ontario School of Medicine [University] Affiliation Agreement.
- (2) Resident Staff:
- (i) may attend and write orders for Patients under the supervision and counsel of an Active Staff member;
 - (ii) may attend Professional Staff meetings; and
 - (iii) shall perform such other duties as specified by the Department, Program, or Service to which the Resident Staff member is assigned.
- (3) Resident Staff shall not:
- (i) be eligible to [vote or] hold an elected or appointed office of the Professional Staff or serve on Medical Advisory Committee subcommittees;
 - (ii) be eligible to vote or be bound by attendance requirements of Department, Program, or Service meetings; and
 - (iii) have admitting privileges.

6.6 Clinical Fellow Staff

- (1) Clinical Fellow Staff appointed by the Board shall include the graduates in medicine, appropriately qualified with an educational or independent licence issued by the College and registered by the Post-Graduate Education Office, Northern Ontario School of Medicine [University], or by another accredited university.
- (2) Clinical Fellow Staff who are part of the International Medical Graduates Program must undergo a Pre-Entry Assessment Program (PEAP) as outlined in the College certificate.
- (3) Clinical Fellow Staff:
 - (i) may attend upon Patients and write orders under the supervision of a designated Active Staff member;
 - (ii) shall perform such other duties as specified by the designated Active Staff member to which the Clinical Fellow Staff member is assigned; and
 - (iii) may attend Professional Staff meetings.
- (b) Clinical Fellow Staff shall not:
 - (i) be eligible to hold an elected or appointed office of the Professional Staff or serve on Medical Advisory Committee subcommittees;
 - (ii) be eligible to vote or be bound by attendance requirements of Department, Program, Service, or Professional Staff meetings; and
 - (iii) have admitting privileges.

6.7 Clinician Scientist

- (a) Clinician Scientists are appointed by the Board, have an independent licence, assist in the service of the Department, and are required to do specific duties as designated by the particular Department involved.
- (b) The specific role, privileges, and scope of permissible activities of a Clinician Scientist shall be specifically identified and defined by the Medical Program or Service Director or Chief of Department and, where appropriate, the Chair of the appropriate Department of the Faculty of Health Sciences;
- (c) Clinician Scientists shall:
 - (i) be eligible to attend Department, Program, Service, and Professional Staff meetings; and
 - (ii) be required to work under the supervision of an Active Staff member.

- (d) Clinician Scientists shall not:
 - (i) be eligible to hold an elected or appointed office of the Professional Staff or serve on Medical Advisory Committee subcommittees;
 - (ii) be eligible to vote or be bound by attendance requirements of Department, Program, or Service meetings; and
 - (iii) have admitting privileges.

6.8 Term Staff

- (a) Term Staff consist of applicants who have been granted admitting and/or procedural privileges by the Board in order to meet a specific clinical need for a defined period of time. Such appointment does not imply or provide for any continuing Professional Staff appointment or right of renewal. Applicants to the Term Staff category may not necessarily be required to hold a full-time or such other teaching appointment with the Northern Ontario School of Medicine [University]. Privileges may be granted for specific purposes, and not be based solely on level of training or expertise.
- (b) Term Staff:
 - (i) are required to work under the supervision of an Active Staff member designated by the Chief of Department;
 - (ii) are required to undergo a probationary period of six months as appropriate and as determined by the Chief of Department;
 - (iii) shall, if replacing another Professional Staff member, attend that Professional Staff member's Patients;
 - (iv) shall undertake such duties in respect of those Patients classed as emergency cases, in-patients and out-patient department clinics as may be specified by the Chief of Department;
 - (v) shall, unless otherwise specified in the grant of privileges by the Board, have admitting privileges and attend Patients admitted to Hospital by the member, and undertake necessary treatment and operative procedures.
- (c) Term staff shall not, subject to determination by the Board in each individual case be eligible to attend or hold an elected or appointed office of the Professional Staff, or serve on Medical Advisory Committee subcommittees, or be eligible to vote or be bound by attendance requirements of Department, Program, or Service meetings.

6.9 Senior Staff

- (a) The Senior Staff category allows the Hospital, as required by its Professional Human Resource Plan, to approve privileges beyond the Active Staff 70 years of age or greater, provided that:
 - (i) the applicant's service is required;
 - (ii) they remain clinically competent; and
 - (iii) they are not otherwise represented in the Department.
- (b) The Board's responsibility to ensure a succession plan for Professional Staff members may require that from time to time and upon the recommendation of the Medical Advisory Committee, a Senior Staff member's privileges may be reduced, revoked, or not renewed in favour of granting privileges to a new or existing Associate or Active Staff member.
- (c) Senior Staff:
 - (i) shall consist of those Active Staff members, who maintain clinical and/or academic activities within the Hospital and may not necessarily be required to hold a full-time or such other teaching appointment with the Northern Ontario School of Medicine [University];
 - (ii) may be subject to an enhanced performance review at the discretion of the Chief of Department and/or the Chief of Staff as approved by the Medical Advisory Committee with the express objective of ensuring the ongoing competency of the Senior Staff member;
 - (iii) will be granted privileges as approved by the Board;
 - (iv) will be granted in-patient and/or out-patient admitting privileges, unless otherwise specified in their appointment to the Professional Staff;
 - (v) will be eligible to apply for annual reappointment;
 - (vi) will be bound by the expectations for attendance at Professional Staff, Department, Program, and Service meetings.

6.10 Regional Staff

- (a) The Regional Staff shall consist of those Professional Staff members who are granted privileges by the Board to order or requisition outpatient diagnostics only. It is intended that a Regional Staff appointment shall facilitate the ordering of diagnostic tests for Patient's care closer to their home or to allow for testing at another site where not otherwise available.

- (b) Regional Staff:
 - (i) shall be eligible for annual reappointment provided they are credentialed at a primary organization;
 - (ii) may order outpatient diagnostic procedures and receive reports with respect to such procedures; and
 - (iii) may write orders for inpatients admitted to their facility who are attending another regional facility for outpatient diagnostic tests and procedures.
- (c) Regional Staff shall not:
 - (i) have admitting privileges or provide direct Patient care;
 - (ii) input information into the Patient record nor make any orders with the exception of in-patients admitted to their regional facility that are attending the Hospital for outpatient diagnostic tests and procedures;
 - (iii) be eligible to hold an elected or appointed office of the Professional Staff or serve on committees of the Medical Advisory Committee; and
 - (iv) be eligible to vote or be bound by attendance requirements of Department, Program, or Service meetings.

6.11 Duties of Professional Staff

- (1) Each Professional Staff member:
 - (a) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, their Chief of Department and Medical Program or Service Director, the Executive Vice President, Medical and Academic Affairs, and the Chief Executive Officer;
 - (b) shall co-operate with and respect the authority of:
 - (i) the Chief of Staff and the Medical Advisory Committee;
 - (ii) the Chief of Department and the Medical Program or Service Director of specific Services or Programs to which they have been assigned;
 - (iii) the Executive Vice President, Medical and Academic Affairs; and
 - (iv) the Chief Executive Officer;
 - (c) shall perform the duties, undertake the responsibilities, and comply with the provisions set out in applicable laws, and this By-law and the Rules and

Policies, and at all times maintain a professional and respectful workplace environment;

- (d) shall immediately advise the Chief of Staff, relevant Chief of Department, and Chief Executive Officer of:
 - (i) the commencement of any investigation or proceeding that would be required to be disclosed by this By-law, the credentialing policy and/or reapplication process;
 - (ii) any change in the member's licence to practise made by the relevant College or any change in professional practice liability coverage; and
 - (e) perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee, the Chief of Staff, or Chief of Department.
- (2) If the Chief of Staff and/or Chief of Department request(s) a meeting with a Professional Staff member for the purpose of interviewing that Professional Staff member about any matter, the Professional Staff member shall attend the interview at a mutually agreeable time but within 14 days of the request. If the Professional Staff member so requests, they may bring a representative with them to the meeting. The Chief of Staff and/or Chief of Department may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff and/or Chief of Department, the Professional Staff member attending the meeting shall produce any documents requested by the Chief of Staff and/or Chief of Department for discussion at the meeting. If a criminal record check and/or vulnerable sector check is requested, the request shall be made at a meeting with the Professional Staff member where the Chief of Staff and Chief Executive Officer are both present.

ARTICLE 7

DEPARTMENTS, PROGRAMS, AND SERVICES

7.1 Departments

- (1) The Board may organize the Professional Staff into Departments after considering the recommendation of the Medical Advisory Committee.
- (2) The Board shall appoint each Professional Staff member to a minimum of one of the Departments. Appointment may extend to one or more additional Departments.

7.2 Programs and Services

The Board may divide a Department into Programs or Services after considering the recommendation of the Medical Advisory Committee.

7.3 Changes to Departments, Programs, and Services

The Board may, at any time, after consulting with the Medical Advisory Committee, create such additional Departments, Programs, or Services, amalgamate Departments, Programs, or Services, or disband Departments, Programs, or Services.

7.4 Department, Program, and Service Meetings

- (a) Each Department, Program, and Service shall function in accordance with the Rules and Policies.
- (b) Department, Program, and Service meetings shall be held in accordance with the Rules and Policies.

ARTICLE 8 LEADERSHIP POSITIONS

8.1 General

- (1) The Board may appoint an individual on an acting or interim basis where there is a vacancy in any office referred to in this Article or while the individual holding any such office is absent or unable to act.
- (2) If the term of office of any medical leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.
- (3) Subject to annual confirmation by the Board, the appointment of a medical leader shall be for a term of up to five years.
- (4) The maximum number of consecutive years of service of a medical leader shall be ten years provided, however, that following a break in the continuous service of at least one year, the same person may be reappointed.
- (5) The Board shall receive and consider the input of the appropriate Professional Staff members before it makes an appointment to a Professional Staff leadership position.
- (6) The Board may revoke any appointment to any position referred to in this Article at any time.

8.2 Chief of Staff

- (1) The Board shall appoint a Physician who is an Active Staff member as Chief of Staff after considering the recommendation of the Selection Committee.
- (2) The Selection Committee shall be composed of:
 - (a) the Board Chair or delegate;

- (b) three members of the Medical Advisory Committee, one of whom shall be the President or Vice President of the Professional Staff or one member at large;
 - (c) the Chief Executive Officer;
 - (d) the Chief Nursing Executive;
 - (e) the Executive Vice President, Medical and Academic Affairs;
 - (f) the Northern Ontario School of Medicine [University] Dean or delegate; and
 - (g) such other members as Board may appoint.
- (3) The Chief of Staff shall:
- (a) be an *ex officio* non-voting Director and as a Director, fulfill fiduciary duties to the Corporation;
 - (b) be the *ex officio* Chair of the Medical Advisory Committee;
 - (c) be an *ex-officio* member of all Medical Advisory Committee subcommittees;
 - (d) report regularly to the Board on the work and recommendations of the Medical Advisory Committee; and
 - (e) perform such additional duties as may be outlined in the Board-approved Chief of Staff position description, or as set out in the Rules, or as assigned by the Board.

8.3 Deputy Chief of Staff

The Board may, upon the recommendation of the Medical Advisory Committee, appoint a Physician who is an Active Staff member to be the Deputy Chief of Staff. The Deputy Chief of Staff, if appointed, shall act in the place of the Chief of Staff if the Chief of Staff is absent or unable to act, and shall perform such duties as assigned from time to time by the Chief of Staff. In the absence of the Chief of Staff and Deputy Chief of Staff, the Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during their absence.

8.4 Chiefs of Department

- (1) The Board shall appoint a Chief of each Department after considering the recommendation of the Selection Committee, and Chief of Staff, which shall seek the advice of the Medical Advisory Committee.
- (2) The Chief of each Department shall be a Physician who is an Active or Associate Staff member of that Department.

- (3) The Selection Committee shall be composed of:
 - (a) the Chief of Staff;
 - (b) the Executive Vice President, Medical and Academic Affairs;
 - (c) a member of that Department;
 - (d) a member of the Medical Advisory Committee, appointed by the Chief of Staff;
 - (e) the Chief Nursing Executive, where appropriate.
- (4) A Chief of Department shall:
 - (a) be an *ex officio* member of the Medical Advisory Committee, and attend a minimum of 70% of its meetings;
 - (b) make recommendations to the Medical Advisory Committee on appointment, reappointment, change in privileges, and any disciplinary action to which Department members should be subject;
 - (c) advise the Medical Advisory Committee through and with the Chief of Staff on the quality of care provided to Patients of the Department;
 - (d) review and make recommendations to the Medical Advisory Committee on the performance evaluations of Department members annually as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
 - (e) hold regular Department meetings;
 - (f) delegate responsibility to appropriate Department members;
 - (g) report to the Medical Advisory Committee and to the Department on the activities of the Department;
 - (h) perform such additional duties as may be outlined in the Board-approved Chief of Department position description, or as set out in the Rules, or as assigned by the Board, Chief of Staff, Medical Advisory Committee, or Chief Executive Officer; and
 - (i) in consultation with the Chief of Staff, designate an alternate to act during their absence.
- (5) A Chief of Department wishing to resign from their appointment shall submit their resignation in writing to the Chief of Staff.

8.5 Deputy Chiefs of Departments

The Board may appoint a Deputy Chief of Department. The Deputy Chief of Department, if appointed, is the delegate of the Chief of Department. The Deputy Chief of Department has responsibilities and duties similar to those of the Chief of Department as determined by the Chief of Department.

8.6 Medical Program or Service Directors

- (1) The Board may appoint a Medical Program or Service Director or may delegate to the Medical Advisory Committee the authority to appoint one or more Medical Program or Service Directors.
- (2) The Medical Program or Service Director shall:
 - (a) be responsible to the Board through the Chief of the Department and Chief of Staff for the quality of care rendered to Patients in their Program or Service; and
 - (b) perform all of the duties as may be assigned by the Board, Chief of Staff, or Chief of Department, or as set out in a Board-approved position description.

ARTICLE 9 MEDICAL ADVISORY COMMITTEE

9.1 Composition

- (1) The Medical Advisory Committee shall consist of the following members, each of whom shall have one vote:
 - (a) the Chief of Staff, who shall be the Chair;
 - (b) the Chiefs of Department, who are Physicians or Dentists, or their delegates;
 - (c) the President, Vice President, and Secretary/Treasurer of the Professional Staff Association; and
 - (d) such other Medical Staff members as the Board may appoint on the recommendation of the Chief of Staff and/or Chief Executive Officer.
- (2) In addition, the following individuals shall be entitled to attend Medical Advisory Committee meetings without a vote:
 - (a) the Chief Executive Officer;
 - (b) the Executive Vice President, Medical and Academic Affairs;
 - (c) any Vice President of the Corporation responsible for Patient care and clinical areas;

- (d) the Chief Nursing Executive;
 - (e) the Chief of Midwifery;
 - (f) Medical Program or Service Directors and other resource people [when invited to attend at the discretion of the Chair]; and
 - (g) one Patient Family Advisor.
- (3) The term of the Patient Family Advisor is two years, renewable for a maximum of three consecutive terms or a total of six years.

9.2 Recommendations

The Medical Advisory Committee shall consider and make recommendations and report to the Board in accordance with the *Public Hospitals Act*.

9.3 Duties and Responsibilities

The Medical Advisory Committee shall perform the duties and undertake the responsibilities set out in the *Public Hospitals Act* and this By-law, including:

- (a) make recommendations to the Board on the following matters:
 - (i) every application for appointment or reappointment to the Professional Staff, and any request for a change in privileges;
 - (ii) the privileges to be granted to each Professional Staff member;
 - (iii) this By-law and the Rules and Policies;
 - (iv) the revocation of appointment or the suspension or restriction of privileges of any Professional Staff member; and
 - (v) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff;
- (b) supervise the practice and behaviours of the Professional Staff in the Hospital;
- (c) appoint the Medical Staff members of all Medical Advisory Committee subcommittees;
- (d) receive reports of the Medical Advisory Committee subcommittees;
- (e) advise the Board on any matters that it refers to the Medical Advisory Committee; and
- (f) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 2(a)(v) of the Hospital Management Regulation under the *Public Hospitals Act*, make recommendations about

those issues to the Hospital's quality committee established under the *Excellent Care for All Act*.

9.4 Subcommittees

- (1) The Board, on the recommendation of the Medical Advisory Committee, may establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-law.
- (2) The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Rules or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Advisory Committee shall appoint the Medical Staff members of any Medical Advisory Committee subcommittee and the Board may appoint other subcommittee members. The Chief of Staff or delegate shall be an *ex officio* member of all Medical Advisory Committee subcommittees.

9.5 Quorum

A quorum for any Medical Advisory Committee meeting or subcommittee meeting shall be a majority of the members entitled to vote.

9.6 Meetings

- (1) The Medical Advisory Committee shall hold at least ten meetings each year.
- (2) In the absence of the Chair, the Deputy Chief of Staff shall serve as Chair, and if no Deputy Chief of Staff is appointed, the members of the Medical Advisory Committee shall elect from amongst themselves a member to serve as Chair.
- (3) Unless otherwise required by applicable law, motions arising at any Medical Advisory Committee meeting or subcommittee meeting shall be decided by consensus of the voting members present. Consensus will be considered to have been reached when no voting member objects to the subject matter of the motion before the meeting. If the chair of the meeting determines that the sense of the meeting is that consensus will not be reached, then the motion shall be decided by a majority of the votes cast. In such cases, the chair of the meeting shall be entitled to cast a second, or tie-breaking, vote in the event of a tie. A member may attend and vote by electronic means.
- (4) A Medical Advisory Committee or subcommittee meeting may be held by telephonic or electronic means. Where a meeting is held by telephonic or electronic means, a vote may be taken by show of hands, voice vote, or other electronic means of voting.

ARTICLE 10

PROFESSIONAL STAFF MEETINGS

10.1 Annual, Regular, and Special Meetings

- (1) The Professional Staff shall hold at least four regular meetings in each fiscal year of the Corporation, one of which shall be the annual meeting, at a time and place fixed by the Professional Staff officers.
- (2) The President of the Professional Staff may call a special meeting. The President of the Professional Staff shall call a special meeting on the written request of any ten Active Staff and/or Associate Staff members.
- (3) The Secretary/Treasurer of the Professional Staff shall give written notice of each Professional Staff meeting (including the annual meeting or any special meeting) to the Professional Staff at least 14 days before the meeting by posting a notice of the meeting in a conspicuous place in the Hospital or by emailing or sending it through an internal mail distribution system to each Professional Staff member. Notice of a special meeting shall state the nature of the business for which the meeting is called.
- (4) The period of time required for giving notice of any special meeting may be waived in exceptional circumstances by a majority of those Professional Staff members present and entitled to vote at the special meeting, as the first item of business of the meeting.
- (5) The Professional Staff officers may determine that any Professional Staff meeting may be held by telephonic or electronic means. Where a Professional Staff meeting is held by telephonic or electronic means, the word "present" in Article 10 shall mean present physically or by telephonic or electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.

10.2 Quorum

- (1) Thirty-five Active and Associate Staff members, of which 50% shall be Medical Staff, present shall constitute a quorum at any Professional Staff meeting.
- (2) In any case where a quorum of the Professional Staff has not arrived at the place named for the meeting within 30 minutes after the time named for the start of the meeting, those Professional Staff members who have presented themselves shall be given credit for attendance at the meeting for the purpose of satisfying the attendance requirement of this By-Law.

10.3 Rules of Order

The procedures for Professional Staff meetings not provided for in this By-law or the Rules or Policies shall be governed by the rules of order adopted by the Board.

10.4 Medical Staff Meetings

Professional Staff meetings held in accordance with this Article shall be deemed to meet the requirement to hold Medical Staff meetings under the *Public Hospitals Act*.

ARTICLE 11 PROFESSIONAL STAFF OFFICERS

11.1 Professional Staff Officers

- (1) The provisions of this Article 11 shall be deemed to satisfy the requirements of the *Public Hospitals Act* for Medical Staff officers. For greater certainty, the President, Vice President, and Secretary/Treasurer of the Professional Staff shall be deemed to be the President, Vice President, and Secretary/Treasurer of the Medical Staff.
- (2) The Professional Staff officers shall be:
 - (a) the President;
 - (b) the Vice President;
 - (c) the Secretary/Treasurer; and
 - (d) such other officers as the Professional Staff may determine.
- (3) The Professional Staff officers shall be elected annually for a one-year term by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting.
- (4) The Professional Staff officers may serve a maximum of two consecutive years in one office but they shall remain in office until their successors are appointed. An officer may be re-elected to the same position following a break in continuous service of at least one year.
- (5) The Professional Staff officers may be removed from office before the expiry of their term by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting called for that purpose.
- (6) If any office of the Professional Staff becomes vacant, and it is deemed expedient to fill the office before the next annual meeting of the Professional Staff, the vacancy may be filled by a majority vote of the Professional Staff members present and voting at a regular or special Professional Staff meeting. The election of the Professional Staff member shall follow the process in section 11.3. The Professional Staff member so elected to office shall fill the office until the next annual meeting of the Professional Staff.

11.2 Attendance, Voting, and Holding Office

- (1) All Professional Staff members are entitled to attend Professional Staff meetings.
- (2) Only Active Staff and Associate Staff members are entitled to vote at Professional Staff meetings.
- (3) Only Physicians who are Active or Associate Staff members may hold the office of Present or Vice President. Any Active or Associate Staff member may hold the office of Secretary/Treasurer.

11.3 Nominations and Election Process

- (1) A nominating committee shall be constituted through a process approved by the Professional Staff on the recommendation of the Professional Staff officers.
- (2) At least 30 days before the annual meeting of the Professional Staff, the nominating committee shall circulate or post in a conspicuous place at each site of the Hospital a list of the names of those who are nominated to stand for the offices of the Professional Staff that are to be filled by election in accordance with the *Public Hospitals Act* and this By-law.
- (3) Any further nominations shall be made in writing to the Secretary/Treasurer of the Professional Staff up to seven days before the annual meeting of the Professional Staff. Such nominations shall be circulated or posted in the same manner as above.

11.4 President of the Professional Staff

The President of the Professional Staff shall:

- (a) preside at all Professional Staff meetings;
- (b) call special Professional Staff meetings;
- (c) be an *ex-officio* member of the Medical Advisory Committee;
- (d) be an *ex-officio* non-voting Director and, as a Director, fulfill fiduciary duties to the Corporation by making decisions in the best interest of the Corporation.
- (e) act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board on matters concerning the Professional Staff; and
- (f) support and promote the values and strategic plan of the Corporation.

11.5 Vice President of the Professional Staff

The Vice President of the Professional Staff shall:

- (a) in the absence or disability of the President of the Professional Staff, act in place of the President, and perform their duties and possess their powers as set out in section 11.4 (other than as set out in Section 11.4(e));
- (b) perform such duties as the President of the Professional Staff may delegate to them; and
- (c) be an *ex-officio* member of the Medical Advisory Committee.

11.6 Secretary/Treasurer of the Professional Staff

The Secretary/Treasurer of the Professional Staff shall:

- (a) attend to the correspondence of the Professional Staff;
- (b) ensure notice is given and minutes are kept of Professional Staff meetings;
- (c) ensure the making of a record of the attendance at each Professional Staff meeting, and make such records available to the Medical Advisory Committee;
- (d) receive the record of attendance for each Department, Program, and Service meeting, and make such records available to the Chief of Staff and the Executive Vice President, Medical and Academic Affairs;
- (e) maintain the funds and financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;
- (f) disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting;
- (g) be an *ex-officio* member of the Medical Advisory Committee; and
- (h) in the absence or disability of the Vice President of the Professional Staff, perform the duties and possess the powers of the Vice President as set out in section 11.5.

11.7 Other Officers

The duties of any other Professional Staff officers shall be determined by the Professional Staff.

ARTICLE 12 AMENDMENTS

12.1 Amendments to this By-law

At least 14 days prior to submitting any amendment(s) to this By-law to the Corporation's by-law approval processes, the Corporation shall:

- (a) provide notice to all voting members of the Professional Staff specifying the proposed amendment(s); and
- (b) post a copy of the proposed amendment(s) in the Professional Staff rooms and otherwise make them available on request;

and thereafter:

- (c) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- (d) the Medical Advisory Committee may make recommendations to the Board on the proposed amendment(s).

12.2 Repeal and Restatement

This By-law repeals and restates in its entirety the by-laws of the Corporation previously enacted concerning the Professional Staff.



Exceptional **care** for
every patient, every time.



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